PATENT APPLICATION FEE DETERMINATION RECOI)	Application or Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			39				-	RAT	Ε	FEE	1	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			39 - minus 20=		• 19			X\$ 9	=	171.00	OR	X\$18=	
INDEPENDENT CLAIMS			3 _ minus 3 =		· 6			X43=		747100	OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT	/	7		+145=				OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in col			column 2		TOTAL			OR	TOTAL	
CLAIMS AS AMENDED - PART II									1		,	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)		SMALL E		NTITY	OR	SMALL	ENTITY
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	- 129	Minus	7	()	= 59		x\$2		1,476	OR	X\$18=	
	Indep ndent	· 4	Minus	*** 6	1			X43=			OR	X86=	•
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		1	+145:	╗		OR	+290=	
		•					l	101			1	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. F	EE	· · · · · · · · · · · · · · · · · · ·		ADDIT. FEE	
		(Column 1) CLAIMS		HIGH	EST		1 г		1	ADDI-			ADDI-
NT B		REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	AMENDMENT .	Minus	PAID F	-UH	=	lŀ	X\$ 9=	1			X\$18=	rcc.
	Independent	+	Minus	***		=	łŀ		4		OR		
A		NTATION OF MU	I JLTIPLE DEF	PENDENT	CLAIM			X43=			OR	X86=	
						•		+145=	•		OR	+290=	
ADD											OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
Ξŀ	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·		Minus	**		=		X\$ 9=	1		OR	X\$18=	
	Independent	•	Minus	***		=	╽┟	X43=	十			X86=	
_ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						- -	740-	+		OR		
* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid ther Previously Paid					r four	nd in the	appı	ropriate box	in col	umn 1.	